

**HEALTH AND HUMAN SERVICES AGENCY
COUNTY MEDICAL SERVICES (CMS) PROGRAM
PRIMARY CARE VOUCHER**

☐ Urgent Program
*Voucher is valid for 20 days
after first Primary Care Contact

☐ Supplemental Program

Date: _____

_____ authorizes ☐ Pharmacy ☐ X-ray ☐ Lab
Primary Care Site

Services for: _____ SSN: _____ DOB: ____/____/____
Patient Name (Last) (First)

At _____
Vendor name and address (must complete this section)

Service authorized: _____

(Drug, Dosage, Number; x-ray, or lab test)

*To be obtained before: ____/____/____

(Provider Signature)

Bill Pharmacy Services to NMHC
(Please wait 5 working days before
submitting claim)

Bill Medical Services to:
☐ CMS Program ☐ Primary Care Site
P.O. Box 939016
San Diego, CA 92193

PLEASE ATTACH PINK VOUCHER FOR CLAIMS PAYMENT

Voucher #

HHSA-CMS 78 (9/05) PRIMARY CARE VOUCHER
DISTRIBUTION: Pink/White – Vendor

County of San Diego
Health and Human Services Agency